QUARTERLY STATEMENT

OF THE

DELTA DENTAL PLAN						
	OF					
	ARKANSAS, INC.					
of	SHERWOOD					
in the state of	ARKANSAS					

TO THE

Insurance Department

OF THE

STATE OF

STATE OF ARKANSAS

FOR THE QUARTER ENDED

March 31, 2014

HEALTH



QUARTERLY STATEMENT

AS OF MARCH 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

OF THE CONDITION AND AFFAIRS OF THE **Delta Dental Plan of Arkansas, Inc.**

NAIC Group Code	0000 ,	0000	NAIC Company Code		47155	Employer's ID Number	71-0561140
(Curre	ent Period)	(Prior Period)	. ,	-			
Organized under the Laws of	Arkans	sas		Stat	te of Domicile or Port	of Entry Arkansas	
Country of Domicile	United States						
Licensed as business type	,	ent & Health [vice Corporation [Property/Casualty Vision Service Cor	poration		I, Medical & Dental Service or Ind Maintenance Organization	emnity [X]
	Other]	•		Yes [] No []		
Incorporated/Organized		March 15, 1	982		Commenced Busin	ness August 1, 19	982
Statutory Home Office	1513 Country				, Sherwood, AR		
	4540.0	(Street and I	Number)		(C	ity or Town, State, Country and Zip Co	ode)
Main Administrative Office	1513 Cour	ntry Club Road		(Street and	Number)		
	Sherwood			(01.001 0.10	501-835-34	.00	
		(City or Town, State, C	Country and Zip Code)		(Area Code) (To	elephone Number)	
Mail Address 1513 0	Country Club Road	(Otes et en d'Alumber en D	O D\		, Sherwood, AR		4-1
Primary Location of Books and	Pacarde	(Street and Number or P 1513 Country Cli	,		,	tity or Town, State, Country and Zip Co 72120 501-835-3	•
Tilliary Location of Books and	Records		reet and Number)	(City	or Town, State, Country		
Internet Website Address	www.delta	dentalar.com	•				
Statutory Statement Contact	Phyllis	L Rogers			501-992-1616		
	progo	۸) rs@deltadentalar.com	lame)		(Area Code) (To	elephone Number) (Extension) 501-992-1617	
	proger		I Address)			(Fax Number)	
		,	OFFICER	00		(/	
		Nama	OFFICER	(3	T:41-		
1.	Eddie Allen Choa	Name		Presiden	Title t and CEO		
2.	Mel Taylor Collaz			Secretar			
3.	Susan Jane Fleto				ir and Treasurer		
			VICE-PRESID	ENTS			
Name		Tit	:le		Name	ī	itle
Ina Lynn Harbert		Senior Vice President and		Phyllis Lynn Ro		Senior Vice President	
Herman Eldon Hurd		Vice President of Provider		Allen Dale Mod		Vice President of Infor	
Melissa C Masingill Jay Reavis		Vice President of Public A Vice President of Sales &		James W Coud	ch	Vice President and Ge	eneral Counsel
Jay Reavis		vice Fresident of Sales &	warkeling				
			DIRECTORS OR T	RUSTEES	}		
Harold Wayne Perrin		Robert Howard Gladden		Ebb Weldon Jo	ohnson	James Talbert Johnsto	on
Susan Jane Fletcher Smith		Mel Taylor Collazo		Ronald Paul O		Terri Anderson Miller	
Troy John Dryden Bartels Robert Mason		Sarah Clark		Granville Wayr	ne Callahan, Sr.	Mark Bailey	
Nobelt Wason							
State of Arkansas							
State of Arkansas							
0 1 (D11:							
County of Pulaski	ss						
The officers of this reporting entity l	heina duly sworn e	ach denose and say that t	hey are the described officers	of said renor	ting entity, and that on th	ne reporting period stated above, all c	f the herein described
				-		is statement, together with related ex	
			=			said reporting entity as of the reporting	
						ns and Accounting Practices and Proc	= :
to the extent that: (1) state law may	y differ; or, (2) that	state rules or regulations	require differences in reportion	ng not related	to accounting practices	and procedures, according to the be	st of their information,
						nic filing with the NAIC, when required	
(except for formatting differences du	e to electronic filing	i) of the enclosed statemer	nt. The electronic filing may be	e requested by	various regulators in lieu	u of or in addition to the enclosed state	ement.
(0)			(0)	`		(0)	
(Signatur	·		(Signature	•		(Signature)	
Eddie Allen (Mel Taylor Co			Not Required	
(Printed Na	ıme)		(Printed Nar	me)		(Printed Name)	
1.			2.			3.	
President and	d CEO		Secretary	/		Vice Chair and Treas	urer
(Title)			(Title)			(Title)	
Subscribed and sworn to before me	this				a. Is this	an original filing?	[X]Yes []No
day of		, 2014			b. If no:	1. State the amendment number	
						2. Date filed	
						3. Number of pages attached	

ASSETS

		C	Current Statement Date		
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
	Bonds Stocks:	22,072,681		22,072,681	21,993,130
	2.1 Preferred stocks2.2 Common stocks	34,698,964	18,020,663	16,678,301	15,967,803
3.	Mortgage loans on real estate: 3.1 First liens 3.2 Other than first liens				
4	Real estate:				
- -	 4.1 Properties occupied by the company (less \$ 0 encumbrances) 4.2 Properties held for the production of income (less \$ 0 encumbrances) 	8,840,219		8,840,219	8,892,409
	4.3 Properties held for sale (less \$ 0 encumbrances)	36,807		36,807	36,807
5.	Cash (\$ 8,295,702), cash equivalents (\$ 0), and short-term				
	investments (\$ 212,561)	8,508,264		8,508,264	13,144,678
6.	Contract loans (including \$ 0 premium notes)				
7.	Derivatives				
8.	Other invested assets	4,772,014		4,772,014	4,772,014
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets			4 000 050	
11.	Aggregate write-ins for invested assets	1,226,052	18,020,663	1,226,052	64,806,841
	Subtotals, cash and invested assets (Lines 1 to 11) Title plants less \$ 0 charged off (for Title insurers only)	80,155,001	10,020,003	62,134,338	04,000,041
14.	Investment in come due and account	72,881		72,881	83,741
	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	768,313		768,313	718,630
	15.2 Deferred premiums, agents' balances and installments booked but deferred				
	and not yet due (including \$ 0 earned but unbilled premiums)				
	15.3 Accrued retrospective premiums				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts	9,453,609		9,453,609	5,639,301
17.	Amounts receivable relating to uninsured plans	10,592,339		10,592,339	8,135,748
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	802,905	661,605	141,300	164,188
21.	Furniture and equipment, including health care delivery assets (\$ 0)	78,189	78,189		
22.	Net adjustment in assets and liabilities due to foreign exchange rates			00.400	400.001
23.	Receivables from parent, subsidiaries and affiliates	89,133		89,133	103,304
24. 25	Health care (\$ 0) and other amounts receivable	1 15/ 556	1.014.066	120 500	107.064
25. 26.	Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and	1,154,556	1,014,966	139,590	187,261
20.	Protected Cell Accounts (Lines 12 to 25)	103,166,926	19,775,423	83,391,503	79,839,014
27	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	100,100,920	10,770,420	00,091,000	7,0,0,0,0,0,0,0,14
28.	Total (Lines 26 and 27)	103,166,926	19,775,423	83,391,503	79,839,014
		,,		,,	,,
	DETAILS OF WRITE-IN LINES				

DETAILS OF WRITE-IN LINES				
1101. Deferred Compensation - 457	1,226,052		1,226,052	
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	1,226,052		1,226,052	
2501. Prepaid Expenses & Deposits	1,014,966	1,014,966		
2502. Miscellaneous Receivable	139,590		139,590	187,261
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,154,556	1,014,966	139,590	187,261

LIABILITIES, CAPITAL AND SURPLUS

		Current Period		Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
Claims unpaid (less \$ 99,754 reinsurance ceded)	5,917,136		5,917,136	5,199,252
Accrued medical incentive pool and bonus amounts Unpaid claims adjustment expenses	404.005		164,925	167,195
Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act				
Aggregate life policy reserves				l
Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
Premiums received in advance	0.457.470		2,457,178	2,064,146
General expenses due or accrued	44 000 070		11,226,376	7,658,719
10.1 Current federal and foreign income tax payable and interest thereon				
(including \$ 0 on realized gains (losses))	1			
10.2 Net deferred tax liability	1			
11 Coded minor management and the	072 070		873,270	836,184
Cedea reinsurance premiums payable Amounts withheld or retained for the account of others	1,915,799		1,915,799	
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest				
thereon \$ 0 (including \$ 0 current)				•
15. Amounts due to parent, subsidiaries and affiliates	60,284		60,284	594,044
4C Danisations	00,204			
47 Develo for accomition				
40 Death faces 20th faces	1			
Payable for securities lending Funds held under reinsurance treaties (with \$ 0 authorized reinsurers,				
19. Furius field unider feinsurance freaties (with \$ 0 additionized feinsurance)				
\$ 0 unauthorized reinsurers, and \$ 0 certified reinsurers)	99,754		99,754	
20. Reinsurance in unauthorized and certified (\$ 0) companies	99,754		99,754	93,419
21. Net adjustments in assets and liabilities due to foreign exchange rates	4.077.540		4 077 540	4 077 540
22. Liability for amounts held under uninsured plans	1,877,513		1,877,513	1,877,513
23. Aggregate write-ins for other liabilities (including \$ 0 current)	04 500 005		04 500 005	00 005 004
24. Total liabilities (Lines 1 to 23) 25. Aggregate write-ins for special surplus funds 26. Common and the latest	24,592,235		24,592,235	20,825,364
25. Aggregate write-ins for special surplus funds	XXX	XXX	271,761	50,000
26. Common capital stock	1	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds		XXX		
31. Unassigned funds (surplus)	XXX	XXX	58,527,507	58,963,650
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	XXX	XXX		
32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	58,799,268	59,013,650
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	83,391,503	79,839,014

	DETAILS OF WRITE-IN LINES				
2301.					
2302.					
2303.		NUNE			
2398. Summary of i	remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines	2301 through 2303 plus 2398) (Line 23 above)				
2501. Affordable Ca	are Act Section 9010 Fee Assessment - 2015	XXX	XXX	221,761	
2502. Surplus requi	red by the Arkansas Insurance Department	XXX	XXX	50,000	50,000
2503.		XXX	XXX		
2598. Summary of i	remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines	2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	271,761	50,000
3001. Surplus requi	red by the Arkansas Insurance Department	XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098. Summary of i	remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines	3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Curre	nt Year	Prior Year	Prior Year Ended
		To I	Date	To Date	December 31
		1	2	3	4
		Uncovered	Total	Total	Total
1.	Member Months	XXX	709,732	696,746	2,797,962
2.	Net premium income (including \$ 0 non-health premium income)	XXX	34,926,229	31,675,523	121,326,081
3.	Change in unearned premium reserves and reserve for rate credits	XXX	(3,638)	(7,521)	(2,398)
4.	Fee-for-service (net of \$ 0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX	2,578	1,176	6,469
8.	Total revenues (Lines 2 to 7)	XXX	34,925,169	31,669,178	121,330,152
	oital and Medical:				
9.	Hospital/medical benefits		21,455,842	22,570,009	85,236,831
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.					
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)		21,455,842	22,570,009	85,236,831
Less					
17.	Net reinsurance recoveries		(6,353,151)	(4,023,666)	(10,400,022)
18.	Total hospital and medical (Lines 16 minus 17)		27,808,993	26,593,675	95,636,853
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$ 268,365 cost containment expenses		1,555,829	1,673,190	6,800,105
21.	General administrative expenses		6,939,898	2,860,448	15,538,728
22.	Increase in reserves for life and accident and health contracts (including				
	\$ 0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		36,304,720	31,127,313	117,975,686
24.	Net underwriting gain or (loss) (Lines 8 minus 23)		(1,379,551)	541,865	3,354,466
25.	Net investment income earned		100,138	91,134	514,036
26.	Net realized capital gains (losses) less capital gains tax of \$ 0		4,997	61,504	2,537,989
27.	Net investment gains (losses) (Lines 25 plus 26)		105,135	152,638	3,052,025
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$ 0) (amount charged off \$ 0)]				
29.	Aggregate write-ins for other income or expenses				
30.					
	(Lines 24 plus 27 plus 28 plus 29)	XXX	(1,274,416)	694,503	6,406,491
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	(1,274,416)	694,503	6,406,491

	DETAILS OF WRITE-IN LINES				
0601.		XXX			
0602.					
0603.	Summary of remaining write ins for Line 06 from everflow page				
0698.	Summary of remaining write-ins for Line 06 from overflow page	XXX			
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 06 above)	XXX			
0701.	Miscellaneous Income	XXX	2,578	1,176	6,469
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 07 from overflow page	XXX			
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 07 above)	XXX	2,578	1,176	6,469
1401.					
1402.					
1403.	N(DNE			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.					
2902.					
2903.	N()NE			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	59,013,650	62,695,498	62,695,498
34.	Net income or (loss) from Line 32	(4.074.416)	694,503	6,406,491
35.	Change in valuation basis of aggregate policy and claim reserves	1		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	1	1,211,127	1,673,561
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	296,216	(9,211,866)	(11,775,246)
40.	Change in unauthorized and certified reinsurance			13,346
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	(214 202)	(7,321,193)	(3,681,848)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	58,799,268	55,374,305	59,013,650

DETAILS OF WRITE-IN LINES	
4701.	
4702.	\ <u> </u>
4703.	V F
4798. Summary of remaining write-ins for Line 47 from overflow page	
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	

CASH FLOW

	1	2	3
Cash from Operations	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Premiums collected net of reinsurance	31,560,099	29,917,445	120,926,916
2. Net investment income	100 004	140,586	759,207
3. Miscellaneous income		1,841	2,465
4. Total (Lines 1 to 3)	24 700 647	30,059,872	121,688,588
5. Benefit and loss related payments	27 001 100	25,918,047	95,166,989
Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions		819,523	16,337,155
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)			
10. Total (Lines 5 through 9)	25 007 400	26,737,570	111,504,144
11. Net cash from operations (Line 4 minus Line 10)	(2.004.400)	3,322,302	10,184,444
* * * * * * * * * * * * * * * * * * * *	. (4,44,1,44)	5,022,002	
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	919,154	2,761,064	5,435,954
12.2 Stocks		1,261,217	11,561,668
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			227,986
12.6 Net gains (or losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	919,997	4,022,281	17,225,608
13. Cost of investments acquired (long-term only):			
13.1 Bonds	993,082	2,765,808	5,826,676
13.2 Stocks	040	8,407,712	19,195,905
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	002.025	11,173,520	25,022,581
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)		(7,151,239)	(7,796,973
	(10,020)	(1,101,200)	(1,100,010
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(677,995)	(1,164,353)	(1,283,583
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus			
Line 16.5 plus Line 16.6)	(677,995)	(1,164,353)	(1,283,583
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
·	(A 626 A4E)	(4 003 300)	1 102 000
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(4,636,415)	(4,993,290)	1,103,888
19. Cash, cash equivalents and short-term investments:	40 444 070	40.040.700	40.040.700
19.1 Beginning of year	13,144,678	12,040,790	12,040,790
19.2 End of period (Line 18 plus Line 19.1)	8,508,263	7,047,500	13,144,678
his O salamatal Parks are stood to Store that			
ote: Supplemental disclosures of cash flow information for non-cash transactions:			<u> </u>
0.0001			
0.0002			
0.0003			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3							
				Medicare	Vision	Dental	Federal Employees	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Health Benefit Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	232,447				44,009	188,438				
2. First Quarter	237,083				45,123	191,960				
Second Quarter										
Third Quarter Current Year										
6. Current Year Member Months	709,732				135,081	574,651				
Total Member Ambulatory Encounters for Period: 7. Physician										
8 Non-Physician										
9. Totals										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (a)	27,916,485				1,559,696	26,356,789				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	27,916,485				1,559,696	26,356,789				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	21,307,982				784,761	20,523,221				
18. Amount Incurred for Provision of Health Care Services	21,455,842				797,430	20,658,412				

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

	0 0	ranaryolo or oripala olalirlo				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims unpaid (Reported)						
199999 Individually listed claims unpaid						
299999 Aggregate accounts not individually listed - uncovered						
399999 Aggregate accounts not individually listed - covered						
199999 Subtotals						
599999 Unreported claims and other claim reserves						6,016,89
99999 Total amounts withheld						
99999 Total claims unpaid						6,016,8
0899999 Accrued medical incentive pool and bonus amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

	Claims Paid	Year to Date	Liability End of C	urrent Quarter	5	6
	1	2	3	4		Estimated Claim
Line	On Claims Incurred	On Claims Incurred	On Claims Unpaid	On Claims Incurred	Claims Incurred in	Reserve and Claim
of	Prior to January 1	During the	Dec. 31 of	During the	Prior Years	Liability Dec. 31
Business	of Current Year	Year	Prior Year	Year	(Columns 1 + 3)	of Prior Year
Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only	4 261 053	22,437,676	347,219	5,470,163	4,608,272	5,105,83
4. Vision only	I	298,744		99,754	93,637	93,419
5 Federal Employees Health Renefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	4,354,690	22,736,420	347,219	5,569,917	4,701,909	5,199,25
10. Health care receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	4,354,690	22,736,420	347,219	5,569,917	4,701,909	5,199,252

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

Note 1: Summary of Significant Accounting Policies

A. Accounting Practices

No Change.

B. Use of Estimates in the Preparation of the Financial Statements

No Change.

C. Accounting Policy

- (1) No Change
- (2) No Change
- (3) No Change
- (4) No Change
- (5) No Change
- (6) No Change
- (7) No Change
- (8) No Change
- (9) No Change
- (10) No Change
- (11) No Change
- (12) No Change
- (13) No Change

Note 2: Accounting Changes and Corrections of Errors

A. No Change

Note 3: Business Combinations and Goodwill

- A. No Change
- B. No Change
- C. No Change
- D. No Change

Note 4: Discontinued Operations

No Change

Note 5: Investments

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. Working Capital Finance Investments N/A

Note 6: Joint Ventures, Partnerships and Limited Liability Companies

No Change

Note 7: Investment Income

- A. No Change
- B. No Change

Note 8: Derivative Instruments

No Change

Note 9: Income Taxes

- A. No Change
- B. No Change

- C. No Change
- D. No Change
- E. No Change
- F. No Change

Note 10: Information Concerning Parent, Subsidiaries and Affiliates

- A. No Change
- B. No Change
- C. No Change
- D. At March 31, 2014, the Company reported \$86,180 due from the subsidiary, Omega Administrators, Inc. (OAI) and \$2,953 due from the affiliate, Renaissance Health & Life Insurance Company and \$60,284 due to the affiliate, Delta Dental of Michigan (DDMI), respectively. These amounts will be settled within thirty days of the report date.
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change

Note 11: Debt

No Change

Note 12: Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. No Change

В. 1	No Change
	No Change
Note 13:	Capital and Surplus, Shareholders' Dividend Restrictions and Quasi- Reorganizations
(1)	No Change
(2)	No Change
(3)	No Change
(4)	No Change
(5)	No Change
(6)	No Change
(7)	No Change
(8)	No Change
(9)	No Change
	The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$2,294,308 for 2014.
(11)	No Change
(12)	No Change
(13)	No Change
Note 14:	Contingencies
A. N	No Change
B. N	No Change
C. N	No Change
D. N	No Change

E. No Change

Note 15: Leases

No Change

Note 16: Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No Change

Note 17: Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

No Change

Note 18: Gain or Loss to the Reporting Entity From Uninsured Plans and From the Uninsured Portion of Partially Insured Plans

- A. No Change
- B. The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans were as follows for the years ended March 31, 2014 and 2013:

		2014	2013
Gross reimbursement for medical costs incurred Gross administrative fees accrued Gross expenses incurred (claims and administrative)	\$	70,266,491 \$ 3,210,513 (73,477,004)	68,861,661 3,171,711 (72,033,372)
Total net gain or loss from operations	\$ <u></u>	<u> </u>	0

C. No Change

Note 19: Direct Premiums Written/Produced by Managing General Agents/Third Party Administrators

No Change

Note 20: Fair Value Measurements

A. Fair Value Measurements at Reporting Date

(1)	(2)	(3)	(4)	(5)
Description	Level 1	Level 2	Level 3	Total
Assets at Fair Value				
Cash and ST Investments				
Cash	8,050,703			8,050,703
Money Markets	212,561			212,561
Certificates of deposit		245,000		245,000
Bonds				
US Treasury		10,041,727		10,041,727
US Gov't Agencies		3,396,178		3,396,178
Industrial and Misc	8,603,244			8,603,244
Mutual Funds				
Industrial and Misc	\$19,010,095	<u>\$</u> 0	\$ 0	\$19,010,095
Total Assets at Fair Value	\$35,876,603	\$13,682,905	\$ 0	\$49,559,508

B. Other Fair Value Measurements

C. Fair Value Measurements Aggregate

(1)	(2)	(3)	(4)	(4)	(4)	(5)
Type of Financial	Aggregate	Admitted	Level 1	Level 2	Level 3	Not
Instrument	Fair Value	Assets				Practicable
Cash and ST Inv	8,508,264	8,508,264	8,263,246	245,000		
Bonds	22,041,149	22,041,149	8,603,244	13,437,905		
Mutual Funds	19,010,095	16,678,301	16,678,301			
Total	\$49,559,508	\$47,227,714	\$33,544,791	\$13,682,905	\$ 0	<u>\$ 0</u>

D. No Change

Note 21: Other Items

- A. No Change
- B. No Change
- C. No Change
- D. No Change
- E. No Change
- F. No Change
- G. No Change
- H. Offsetting and Netting of Assets and Liabilities N/A
- I. Joint and Several Liabilities N/A
- J. Risk Sharing Provisions of the Affordable Care Act None

Note 22: Events Subsequent

On January 1, 2015, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, 2015. As of December 31, 2014, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2015, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2015 to be \$887,000. This assessment is expected to impact risk based capital by 1%.

A. ACA fee assessment payable \$887,000

B. Assessment expected to impact RBC 1%

Note 23: Reinsurance

- A. No Change
- B. No Change
- C. No Change

D. No Change

Note 24: Retrospectively Rated Contracts and Contracts Subject to Redetermination

No Change

Note 25: Change in Incurred Claims and Claims Adjustment Expenses

No Change

Note 26: Intercompany Pooling Arrangements

No Change

Note 27: Structured Settlements

No Change

Note 28: Health Care Receivables

No Change

Note 29: Participating Policies

No Change

Note 30: Premium Deficiency Reserves

No Change

Note 31: Anticipated Salvage and Subrogation

No Change

PART 1 – COMMON INTERROGATORIES

GENERAL

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Voc I INo I I
settlement of the reporting entity?	Yes [] No []
0.0 King data of shangar	Yes[]No[X]
2.2 If yes, date of change:	
3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes[X]No[]
If yes, complete Schedule Y, Parts 1, and 1A.	
3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?	Yes[]No[X]
3.3 If the response to 3.2 is yes, provide a brief description of those changes.	
4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes[]No[X]
4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.	
1 2 3	
Name of Entity NAIC Company Code State of Domicile	
5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.	Yes[]No[X]N/A[]
general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?	Yes[]No[X]N/A[] 12/31/2010
general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.	
general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or	
general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ———————————————————————————————————	12/31/2010
general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and	12/31/2010 12/31/2010
general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).	12/31/2010 12/31/2010
general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 6.4 By what department or departments? Arkansas Insurance Department 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a	12/31/2010 12/31/2010
general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 6.4 By what department or departments? Arkansas Insurance Department 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?	12/31/2010 12/31/2010 05/23/2012

7.2	If yes, give full information						
8.1	Is the company a subsidiary of a bank holding company regulate	d by the Federal Reserve Boa	ard?				Yes[]No[X]
8.2	If response to 8.1 is yes, please identify the name of the bank ho	lding company.					
8.3	Is the company affiliated with one or more banks, thrifts or securi	ties firms?					Yes[]No[X]
	If response to 8.3 is yes, please provide below the names and loa affiliates regulated by a federal regulatory services agency [i.e. the Comptroller of the Currency (OCC), the Federal Deposit Insurance Commission (SEC)] and identify the affiliate's primary federal reg	ne Federal Reserve Board (FF ce Corporation (FDIC) and the	RB), the Office	e of the			
	1	2	3	4	5	6	
	Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC	
	 (a) Honest and ethical conduct, including the ethical handling of a personal and professional relationships; (b) Full, fair, accurate, timely and understandable disclosure in the entity; (c) Compliance with applicable governmental laws, rules, and reg (d) The prompt internal reporting of violations to an appropriate p (e) Accountability for adherence to the code. If the response to 9.1 is No, please explain: 	e periodic reports required to	be filed by th	e reporting	1		Yes [X]No[]
9.2	Has the code of ethics for senior managers been amended?						Yes[]No[X]
9.21	If the response to 9.2 is Yes, provide information related to amen	dment(s).					
9.3	Have any provisions of the code of ethics been waived for any of	the specified officers?					Yes[]No[X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).						
		FINANCIAL					
10.1	Does the reporting entity report any amounts due from parent, su		e 2 of this sta	tement?			Yes[X]No[]
	If yes, indicate any amounts receivable from parent included in the						\$
		INVESTMENT	Г				

Yes[]No[X]

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

11.2 If	yes, give full and complete information relating thereto:					
12. A	amount of real estate and mortgages held in other invested assets in Scheo	dule BA:				\$\$
13. A	amount of real estate and mortgages held in short-term investments:					\$
14.1 C	Ooes the reporting entity have any investments in parent, subsidiaries and	affiliates?	,			Yes [X] No []
14.2 If	yes, please complete the following:		1		2	
			Prior Year-End Book/Adjusted Carrying Value		Current Quarter Book/Adjusted Carrying Value	
	14.21 Bonds	. \$		\$_		
	14.22 Preferred Stock	. \$		\$_		
	14.23 Common Stock	. \$	15,125,339	\$_	15,688,864	
	14.24 Short-Term Investments	. \$		\$_		
	14.25 Mortgage Loans on Real Estate					
	14.26 All Other	. \$		\$_		
	14.27 Total Investment in Parent, Subsidiaries and Affiliates	œ.	45 405 220	æ	45 000 004	
	(Subtotal Lines 14.21 to 14.26) 14.28 Total Investment in Parent included in Lines 14.21 to	. Ф	15,125,339	ф _	15,688,864	
	14.26 above	. \$		\$_		
15.2 If	las the reporting entity entered into any hedging transactions reported on the second			tate?		Yes[]No[X] Yes[]No[]
16. F	for the reporting entity's security lending program, state the amount of the	following	as current statement	date:		
	16.1 Total fair value of reinvested collateral assets reported on Sche	adula NI	Parts 1 and 2			\$
	16.2 Total book adjusted/carrying value of reinvested collateral asset			oarts o	1 and 2	\$
	16.3 Total payable for securities lending reported on the liability pag					\$
47 5	Turk, dina itawa ia Cabadula E. Dad 2. Casaial Dagasia and astata anada			1		
	Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mort hysically in the reporting entity's offices, vaults or safety deposit boxes, we	-			ritios	
	wned throughout the current year held pursuant to a custodial agreement					
	ccordance with Section 1, III - General Examination Considerations, F. Ou				,	
C	Custodial or Safekeeping Agreements of the NAIC Financial Condition Exa	miners H	andbook?			Yes [X] No []
	for all agreements that comply with the requirements of the NAIC Financial complete the following:	ıl Conditic	n Examiners Handbo	ok,		
	1			2		
	Name of Custodian(s)		Custod	ian A	ddress	
	[er Street, Little Rock,			
	Intrust Wealth Management	5314 S Y	ale Avenue, Suite 20	6, Tul	sa, OK 74135	
	or all agreements that do not comply with the requirements of the NAIC Fi	inancial C	Condition Examiners I	Handb	oook,	

	1	2	3
	Name(s)	Location(s)	Complete Explanation(s)
1			
ł			

17.3	Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current	
	quarter?	

Yes[]No[X]

17.4 If yes, give full and complete information relating thereto:

	1	2	3	4
	Old Custodian	New Custodian	Date of Change	Reason
İ				
İ				

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central		
Registration		
Depository	Name(s)	Address
N/A	Stephens Capital Management	111 Center Street, Little Rock, AR 72201
N/A	Intrust Wealth Management	5314 S Yale Avenue, Suite 206, Tulsa, OK 74135

18.1	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?	Yes[X]No[]
18.2	! If no, list exceptions:	

PART 2 - HEALTH

1.	Oper	ating Percentages:		
	1.1	A&H loss percent		9
	1.2	A&H cost containment percent		- %
	1.3	A&H expense percent excluding cost containment expenses		9
2.1	Do y	ou act as a custodian for health savings accounts?	Yes[]No[X]	
2.2	If yes	s, please provide the amount of custodial funds held as of the reporting date.	\$	_
2.3	Do y	ou act as an administrator for health savings accounts?	Yes[]No[X]	
24	If vos	s please provide the balance of the funds administered as of the reporting date	\$	

NONE Schedule S

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year To Date - Allocated by States and Territories

		1				Direct B	Susiness Only			
			2	3	4	5	6	7	8	9
						Federal Employees Health	Life & Annuity			
	States, Etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Ttle XIX	Benefits Program Premiums	Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
	Alabama AL Alaska AK	. N								
	Alaska AK Arizona AZ	N N								
4.	Arkansas AR	L	27,916,485						27,916,485	
	California CA	. N								
	Colorado CO Connecticut CT	N N								
8.	Delaware DE	N								
	District of Columbia DC	. N								
	Florida FL Georgia GA	N N								
	Hawaii HI	N N								
	ldaho ID	N								
	Illinois IL Indiana IN	N N								
	lowa IA	N N								
17.	Kansas KS	N								
	Kentucky KY	. N								
	Louisiana LA Maine ME	N N								
	Maryland MD	N								
	Massachusetts MA	. N								
	Michigan MI Minnesota MN	N N								
	Mississippi MS	N N								
	Missouri MO	N								
	Montana MT	. N								
	Nebraska NE Nevada NV	N N								
	New Hampshire NH	N N								
	New Jersey NJ	N								
	New Mexico NM New York NY	N N								
	North Carolina NC	N N								
35.	North Dakota ND	N								
	Ohio OH	. N								
	Oklahoma OK Oregon OR	N N								
	Pennsylvania PA	N								
40.	Rhode Island RI	. N								
	South Carolina SC	. N								
	South Dakota SD Tennessee TN	N N								
	Texas TX	N								
	Utah UT	. N								
	Vermont VT Virginia VA	. N N								
	Virginia VA Washington WA	N N								
	West Virginia WV	N								
	Wisconsin WI	. N								
	Wyoming WY American Samoa AS	N N								
	Guam GU	N								
	Puerto Rico PR	N								
	U.S. Virgin Islands VI Northern Mariana Islands MP	N N								
	Canada CAN	N N								
58.	Aggregate other alien OT	XXX								
	Subtotal Percepting entity contributions	XXX	27,916,485						27,916,485	
٥U.	Reporting entity contributions for Employee Benefit Plans	xxx								
	Totals (Direct Business)	(a) 1	27,916,485						27,916,485	

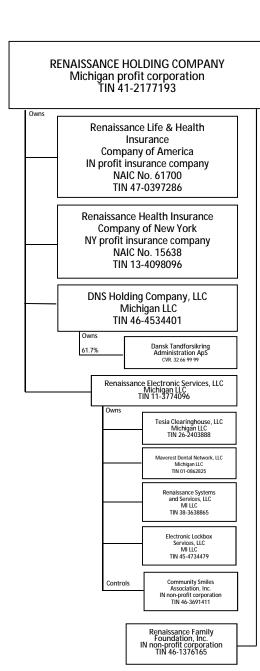
DETAILS OF WRITE-II	NS							
58001.	XXX							
58002.	XXX		i					
58003.	XXX					 		
58998. Summary of remaining write-ins for	Line 58 XXX			101	T	 		
58999. Totals (Lines 58001 through 58003	plus 58998)							
(Line 58 above)	XXX							

⁽L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG:(R) Registered - Non-domiciled RRGs: (Q) Qualified - Qualified or Accredited Reinsurer: (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state: (N) None of the above - Not allowed to write business in the state.

⁽a) Insert the number of L responses except for Canada and Other Alien.

Red Cedar Investment

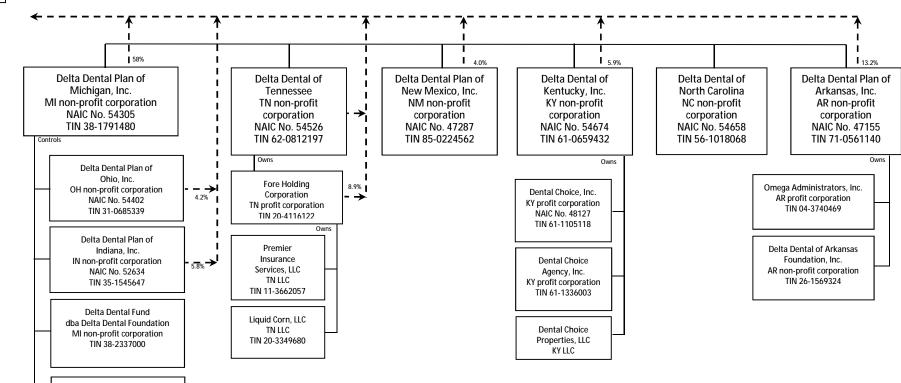
Management, LLC MI LLC TIN 46-2667997



PART 1 - ORGANIZATIONAL CHART
RENAISSANCE HEALTH SERVICE CORPORATION
Michigan non-profit corporation

TIN 38-1675667

ORGANIZATIONAL CHART March 31, 2014



5

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	2	- 4	-		7	0	9	10	11	12	13	14	15
'	2	3	4	3	0	,	0	9	10	† ''	12	13	14	15
					1					†		•		
						Name of					Type of Control			
						Securities					(Ownership,	If Control in		
		NAIC	Federal			Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		
Group		Company	ID	Federal	1		Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	
Code	Group Name	Company	Number	RSSD	CIK	Traded (U.S. or International)	Or Affiliates	Location	Entity	(Name of Entity / Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	*
Code	Group Name	Code	Number	NOOD	CIK	international)	Of Allillates	Location	Lituty	(Name of Littly / Ferson)	inilidence, Other)	reiceillage	Littity(les)/Fersori(s)	
								l <u></u>						
		0	38-1675667 46-1376165				Renaissance Health Service Corporation Renaissance Family Foundation, Inc.	IVII.	NIA					
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of Michigan, Inc.	Ownership		Renaissance Health Service Corporati	
		0	41-2177193		1		Renaissance Holding Company	MI	NIA	Delta Dental Plan of Ohio, Inc.	Ownership		Renaissance Health Service Corporati	
		0	41-2177193		1		Renaissance Holding Company	MI	NIA	Delta Dental Plan of Indiana, Inc.	Ownership		Renaissance Health Service Corporati	
		0	41-2177193		1		Renaissance Holding Company	MI	NIA	Fore Holding Corporation	Ownership		Renaissance Health Service Corporati	
1		0	41-2177193		1		Renaissance Holding Company	MI	NIA	Delta Dental of Kentucky, Inc.	Ownership		Renaissance Health Service Corporati	
		0	41-2177193				Renaissance Holding Company	MI	NIA	Delta Dental Plan of New Mexico, Inc.	Ownership		Renaissance Health Service Corporati	
1		0	41-2177193		1 1		Renaissance Holding Company	MI	NIA	Delta Dental Plan of Arkansas, Inc.	Ownership		Renaissance Health Service Corporati	1
477	Renaissance Health Service Corporation	61700	47-0397286		1 1		Renaissance Life & Health Insurance Company of America	IN	IA	Renaissance Holding Company	Ownership		Renaissance Health Service Corporati	1
477	Renaissance Health Service Corporation	15638	13-4098096		1 1		Renaissance Health Insurance Company of New York	NY	IA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporati	
		0	46-4534401		[]		DNS Holding Company, LLC	MI	NIA	Renaissance Holding Company	Ownership	100.0	Renaissance Health Service Corporati	
		0	32669999		I I		Dansk Tandforsikring Administration ApS	DK	NIA	DNS Holding Company, LLC	Ownership	61.7	Renaissance Health Service Corporati	
.		0	26-2403888		1		Tesia Clearinghouse, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Corporati	1
' l		0	11-3774096		1 1		Renaissance Electronic Services, LLC	MI	NIA	Renaissance Holding Company	Ownership		Renaissance Health Service Corporati	
		0	01-0862825		1		Maverest Dental Network, LLC	MI	NIA	Renaissance Electronic Services, LLC	Ownership	100.0	Renaissance Health Service Corporati	1
477	Renaissance Health Service Corporation	54305	38-1791480				Delta Dental Plan of Michigan, Inc.	MI	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54402	31-0685339				Delta Dental Plan of Ohio, Inc.	OH	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	52634	35-1545647				Delta Dental Plan of Indiana, Inc.	IN	IA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
		0	38-2337000				Delta Dental Fund dba Delta Dental Foundation	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
		0	46-2667997 38-3638865				Red Cedar Investment Management, LLC	MI	NIA	Delta Dental Plan of Michigan, Inc.	Board of Directors		Renaissance Health Service Corporati	
		0	45-4734479				Renaissance Systems and Services, LLC	IVII.	NIA	Renaissance Electronic Services, LLC Renaissance Electronic Services, LLC	Ownership Ownership		Renaissance Health Service Corporati Renaissance Health Service Corporati	
		0	46-6391411		1		Electronic Lockbox Services, LLC Community Smiles Association, Inc.	INI	NIA	Renaissance Electronic Services, LLC Renaissance Electronic Services, LLC	Ownership		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	5/1526	62-0812197				Delta Dental of Tennessee	TN	IN IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
777	Trendissance fleatin dervice corporation	0	20-4116122		1		Fore Holding Corporation	TN	NIA	Delta Dental of Tennessee	Ownership	100.0	Renaissance Health Service Corporati	
		0	11-3662057		1 1		Premier Insurance Services, LLC	TN	NIA	Delta Dental of Tennessee	Ownership		Renaissance Health Service Corporati	
		0	20-3349680				Liquid Corn, LLC	TN	NIA	Delta Dental of Tennessee	Ownership		Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	47287	85-0224562				Delta Dental Plan of New Mexico, Inc.	NM	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	
477		54674	61-0659432		1 1		Delta Dental of Kentucky, Inc.	KY	IA	Renaissance Health Service Corporation	Board of Directors		Renaissance Health Service Corporati	1
1		0	61-1336003		1 1		Dental Choice Agency, Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporati	1
1		48127	61-1105118	1			Dental Choice Inc.	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporati	
	1	0	1	1			Dental Choice Properties, LLC	KY	NIA	Delta Dental of Kentucky, Inc.	Ownership	100.0	Renaissance Health Service Corporati	
477	Renaissance Health Service Corporation	54658	56-1018068		1		Delta Dental of North Carolina	NC	IA	Renaissance Health Service Corporation	Board of Directors]	Renaissance Health Service Corporati	1
477	Renaissance Health Service Corporation	47155	71-0561140		1		Delta Dental Plan of Arkansas, Inc.	AR		Renaissance Health Service Corporation	Board of Directors]	Renaissance Health Service Corporati	1
		0	04-3740469				Omega Administrators, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Ownership		Renaissance Health Service Corporati	
		0	26-1569324				Delta Dental of Arkansas Foundation, Inc.	AR	DS	Delta Dental Plan of Arkansas, Inc.	Board of Directors		Renaissance Health Service Corporati	
1														
					1 1			1				1		1

6

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterik	Explanation
	NONE
	ITOILE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Response
1. Will the Med	dicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
Explanation:		
Question 1:	Not applicable	
Bar Code:		
	47155201436500101	

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	8,929,216	9,137,978
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation	52,190	208,762
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	8,877,026	8,929,216
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	8.877.026	8.929.216

SCHEDULE B - VERIFICATION

Mortgage Loans

		1	2
			Prior Year
L		Year To Date	Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease) Total gain (loss) on disposals Deduct amounts received on disposals		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1	2 Prior Year
		Year To Date	Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	4,772,014	5,000,000
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		227,986
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	4,772,014	4,772,014
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	4,772,014	4,772,014

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year
		Year To Date	Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	55,921,095	43,701,063
2.	Cost of bonds and stocks acquired	993,925	25,022,579
3.	Accrual of discount	6,337	20,771
4.	Unrealized valuation increase (decrease)	770,160	1,673,561
5.	Total gain (loss) on disposals	4,997	2,537,987
6.	Deduct consideration for bonds and stocks disposed of	919,997	16,997,617
7.	Deduct amortization of premium	4,869	37,249
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	56,771,648	55,921,095
11.	Deduct total nonadmitted amounts	18,020,663	17,960,168
12.	Statement value at end of current period (Line 10 minus Line 11)	38,750,985	37,960,927

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a) 2. NAIC 2 (a)	22,185,156	1,044,964	946,347	1,469	22,285,242			22,185,156
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	22,185,156	1,044,964	946,347	1,469	22,285,242			22,185,156
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	22,185,156	1,044,964	946,347	1,469	22,285,242			22,185,156

(a)	Book/Adjusted Ca	arrying Value column for the	end of the current reporting	period includes the following	amount of non-rated, short-	term and cash-equivalent bo	onds by NAIC des	ignatio
	NAIC 1 \$	0; NAIC 2 \$	0; NAIC 3 \$	0; NAIC 4 \$	0; NAIC 5 \$	0; NAIC 6\$	0	

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
				Interest	Paid for Accrued
	Book/Adjusted	Par	Actual	Collected	Interest
	Carrying Value	Value	Cost	Year To Date	Year To Date
9199999	212,561	XXX	212,561		

SCHEDULE DA - VERIFICATION

Short-Term Investments

		1	2
			Prior Year
		Year To Date	Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	192,027	173,081
2.	Cost of short-term investments acquired	51,882	852,192
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.			
6.	Deduct consideration received on disposals	31,347	833,246
7.			
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	212,562	192,027
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	212,562	192,027

NONE Schedule DB - Part A and B Verification

NONE Schedule DB - Part C - Section 1

NONE Schedule DB - Part C - Section 2

NONE Schedule DB - Verification

NONE Schedule E Verification

NONE Schedule A - Part 2 and 3

NONE Schedule B - Part 2 and 3

NONE Schedule BA - Part 2 and 3

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Ident-	2	3	4	5	6 Number of Shares	7	8	9 Paid for Accrued Interest	10 NAIC Designation or Market
ification	Description	Foreign	Date Acquired	Name of Vendor	of Stock	Actual Cost	Par Value	and Dividends	Indicator (a)
912828-PE-4	United States Treasury Note		02/14/2014	Stephens Capital Manageme		457,594	450,000.00	1,709	
912828-SM-3	US Treasury Note		01/06/2014	Stephens Capital Manageme		125,352	125,000.00	340	:
912828-SY-7	US Treasury Note		01/14/2014	Stephens Capital Manageme		410,137	415,000.00	328	1
0599999	Total Bonds U. S. Government				XXX	993,083	990,000.00	2,377	XXX
0599999	Total Bolids O. S. Government				^^^	993,003	990,000.00	2,311	***
8399997	Total Bonds Part 3				XXX	993,083	990,000.00	2,377	XXX
8399998	Cumman, them from Dout 5 for Dondo				V V V	V V V	V V V	V V V	V V V
8399998	Summary Item from Part 5 for Bonds				XXX	XXX	XXX	XXX	XXX
8399999	Total Bonds				XXX	993,083	990,000.00	2,377	XXX
					28.417				
74160Q-20-2	Primecap Odyssey Agr Grwth Fn 1651		01/03/2014	Intrust	28.417				<u>L</u>
9299999	Total Common Stock Mutual Funds				XXX	843	XXX		XXX
9799997	Total Common Stock Part 3				XXX	843	XXX		XXX
9799998	Summary Item from Part 5 for Common Stocks				XXX	XXX	XXX	XXX	XXX
9799999	Total Common Stock				XXX	843	XXX		XXX
9899999	Total Preferred and Common Stock				xxx	843	XXX		XXX
		.							
		.							
		.							
		.							
	T. Control of the Con			1					
		.					I		

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues0.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3 4	5	6	7	8	9	10		Change in B	Book/Adjusted C	Carrying Value		16	17	18	19	20	21	22
	2		Ĭ	Ŭ	,	· ·		10	11	12	13	14	15	10	"	10	15	20		22
		F									Current							Bond		NAIC
		0						Prior			Year's			Book/				Interest/		Desig-
		r		Number				Year		Current	Other	Total	Total	Adjusted	Foreign			Stock		nation
		e		of				Book/	Unrealized	Year's	Than	Change	Foreign	Carrying	Exchange	Realized	Total	Dividends	Stated	or
CUSIP				Shares	0 11			Adjusted	Valuation	(Amort-	Temporary	in	Exchange	Value at	Gain	Gain	Gain	Received	Contractual	
Ident-	Description	g Disposal	Name of Purchaser	of Stock	Consid-	Par Value	Actual Cost	Carrying	Increase/	ization)/	Impairment	B./A.C.V.	Change in B./A.C.V.	Disposal	(Loss) on	(Loss) on	(Loss) on	During	Maturity	Indicator
ification	Description	n Date	Pulchasei	Slock	eration	value	Cost	Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Date	Disposal	Disposal	Disposal	Year	Date	(a)
912828-CA-	6 U S Treasury Bond	02/15/2014	MATURITY		425,000	425,000.00	420,336	424,924		76		76		425,000				8,500	02/15/2014	1
0599999	Total - Bonds - U.S. Governments			XXX	425,000	425,000.00	420,336	424,924		76		76		425,000				8,500	XXX	XXX
3134A4-UM-		01/15/2014	MATURITY		410,000	410,000.00	399,878	409,942		58				410,000				0.005	01/15/2014	 1FE
3137EA-BX-		01/07/2014			80,000	80,000.00	81,168	80,005				50		80,000				9,225 1,000	01/07/2014	1 1
10101 FV-DV-	o Trederal Florite Loan Mortgage Corp	01/01/2014	WATORITI															1,000	01/01/2014	"
3199999	U.S. Total - Bonds - Special Revenue and	d Special Assessr	ment Non-Guaranteed Obl	XXX	490,000	490,000.00	481,046	489,947		53		53		490,000				10,225	XXX	XXX
																				1
78464A-47-4			CAPITAL GAIN		4,154											4,154	4,154			1FE
3899999	Total - Bonds - Industrial and Miscellaneo	ous (Unaffiliated)		XXX	4,154											4,154	4,154		XXX	XXX
8399997	Total - Bonds - Part 4			XXX	919,154	915,000.00	901,382	914,871		129		129		915,000		4,154	4,154	18,725	XXX	XXX
0000001	Total Bollas Talt 4			XXX	313,104	310,000.00	301,002	314,011		123		123		310,000		4,104	7,107	10,720	XXX	+ ***
8399998	Summary Item from Part 5 for Bonds			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total Bonds			XXX	919,154	915,000.00	901,382	914,871		129		129		915,000		4,154	4,154	18,725	XXX	XXX
0000000	Total Bolius			XXX	313,104	310,000.00	301,002	314,071		125		120		310,000		7,107	7,107	10,720	XXX	+ ***
74160Q-20-2	2 Primecap Odyssey Agr Grwth Fn 1651	01/03/2014	CAPITAL GAIN		843											843	843			L
																				1
9299999	Total - Common Stock - Mutual Funds			XXX	843	XXX										843	843		XXX	XXX
070000-					6.5					-	1					0.0	0.12			1 441
9799997	Total - Common Stock - Part 4			XXX	843	XXX										843	843		XXX	XXX
9799998	Summary Item from Part 5 for Common S	Stocks		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3133330	Guilliary Item Hom Fait 3 for Common 8	DIOUNS		^^^	^^^	^^^	^^^	^^^	^^^		^^^	^^^	^^^	^^^		^^^	^^^	^^^	^^^	+^^^
9799999	Total Common Stocks	1 1	-	XXX	843	XXX										843	843		XXX	XXX
9899999	Total Preferred and Common Stocks			XXX	843	XXX		<u> </u>								843	843		XXX	XXX
		.	[
		.	[l
		.																		
9999999	Totals	<u> </u>	1		919,997	XXX	901,382	914,871		129		129		915,000		4,997	4,997	18,725	XXX	XXX

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues 0.

NONE Schedule DB - Part A - Section 1

NONE Schedule DB - Part B - Section 1

NONE Schedule DB - Part D - Section 1

NONE Schedule DB - Part D - Section 2

NONE Schedule DL - Part 1

NONE Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		3	4	5	Book Balance at End of Each				
			Amount of Interest	Amount of Interest	Mont 6	th During Current Q 7	uarter 8	-	
		Rate	Received	Accrued at		,			
		of	During Current	Current				*	
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*	
Open Depositories									
Open Depositories Federated Prime Obligation #10 Intrust			11		235,076	235,080	235,083		
First State Bank First State Bank		0.500	81		95,000				
Simmons First National Bank Simmons Bank Arvest Bank CD Arvest Bank		0.620 0.350	63 86	20 7	50,000 100,000	50,000	50,000 100,000		
Simmons First National Bank Simmons Bank		1 0.330			2,150,768	100,000 4,946,401	275,813		
Arvest Bank Arvest Bank					11,033,670	6,600,219	7,519,845		
Bank of America Bank of America Wells Fargo Money Market Wells Fargo					3,527 739	8,754 739	19,222 739		
Wells Fargo Money Market Wells Fargo First State Bank First State Bank		0.400	29		739	95,000	95,000		
019998 Deposits in (5) depositories that do not exceed the allowable limit in any one depository									
(see Instructions) - Open Depositories	XXX	XXX						XXX	
0199999 Total - Open Depositories	XXX	XXX	270	38	13,668,780	12,036,193	8,295,702	XXX	
Suspended Depositories									
0299998 Deposits in (0) depositories that do									
not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	xxx	XXX						XXX	
0299999 Total Suspended Depositories	XXX	XXX						XXX	
0399999 Total Cash on Deposit	XXX	XXX	270	38	13,668,780	12,036,193	8,295,702	XXX	
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX	
050000 T.L.	.,,,,,			_	10.000	40.000	0.000		
0599999 Total	XXX	XXX	270	38	13,668,780	12,036,193	8,295,702	XXX	

NONE Schedule E - Part 2